

## Electronic Fund Transfer (EFT) Authorization

### Payment of Installment Agreements

Issued under P.A. 122 of 1941 as amended. Completion of this form is required to establish an Electronic Fund Transfer arrangement for a one-time payment or continuous monthly payments.

**INSTRUCTIONS:** See instructions on page two. Print or type responses. Carefully read and complete the entire authorization form. Mail the completed form to Department of Treasury, Collection Division, P.O. Box 30199, Lansing, MI 48909-7699, or fax to (517) 272-5561.

#### 1. Type of authorization (select only one)

- ☐ **NEW** – Select if establishing an Electronic Fund Transfer (EFT). Allow a minimum of 16 days for the EFT to begin. An EFT is in effect when you are notified by the Collection Division in writing a minimum of 10 days before the first payment is withdrawn. Make all payments manually until you receive the EFT Acknowledgment letter.
- ☐ **CHANGE** – Select if changing financial institution, account number, type of account, etc. Do not close your old account until this change takes place. Allow a minimum of 16 days for the EFT change to become effective.
- ☐ **CANCEL** – Select if you want to cancel an ongoing EFT. You may cancel this EFT authorization at any time by calling one of the numbers above four days prior to payment due date, or by completing and mailing this form to the address above sixteen days prior to payment due date. If you plan to close your bank account, do not do so until the Collection Division acknowledges your cancellation request in writing. Allow a minimum of 16 days for the cancellation to take effect.

2. Name (Last Name, First, M.I.)		3a. Treasury Account Number		3b. Social Security Number	
4. Street Address		5. City, State, ZIP Code		6. Telephone Number	
7. Name of Financial Institution		8. Account Number (at Financial Institution)			
9. Routing Number * (9-digits)		10a. Account Type (check one) <input type="checkbox"/> Checking <input type="checkbox"/> Savings		10b. Account Ownership (check one) <input type="checkbox"/> Commercial <input type="checkbox"/> Individual	
11. Check only one box <input type="checkbox"/> One-Time Payment  <input type="checkbox"/> Continuous Monthly Payments		12a. One-Time Payment Amount		12b. One-Time Payment Date (MM/DD/YYYY)	
		13a. Monthly Payment Amount		13b. Monthly Payment Date (MM/DD/YYYY)	

\* Contact your financial institution for the routing number, if not already known.

#### 14. AUTHORIZATION

I authorize the State of Michigan, Treasury Collection Division, to make withdrawals by electronic transfer from the designated financial institution and account identified above.

**One-Time Payment** (boxes 12a and 12b). The amount of the withdrawals will be equal to the One-Time Payment Amount specified in box 12a. The withdrawal will take place on the date specified in box 12b. If the payment date specified is a State holiday or weekend, the withdrawal will take place on the next business day.

**Continuous Monthly Payments** (boxes 13a and 13b). The amount of the monthly withdrawals will be equal to the amount specified in box 13a. If payment is in conjunction with the request for a formal installment arrangement then the payment amount must also comply with those guidelines. If the monthly payment date is a State holiday or weekend, the withdrawal will take place on the next business day.

I authorize Collection Division to return money that was withdrawn from my account in error by electronically adjusting my account. I understand I will be notified by the Collection Division if adjustments are made.

It is my responsibility to complete a new *Electronic Fund Transfer* form and mail it to the address above if I change financial institutions or account numbers. If I am changing Financial Institutions or closing my account, I will not close my old account until payments have been successfully withdrawn from the new account. This authorization is governed by National Automated Clearing House Rules and Regulations about electronic transfers as they exist on the date of my signature on this form or as subsequently adopted, amended, or repealed. Michigan law governs electronic fund transactions authorized by this agreement in all respects except as otherwise superseded by federal law.

I understand any change to the payment amount, and/or due date must be made a minimum of **16 days** prior to the payment due date, by contacting the Collection Division by mail or fax. I understand any missed payment or payment returned for non-sufficient funds (NSF) may be subject to additional penalty charges and the account recommended for enforcement action like the levying/garnishing of wages and other financial assets.

If multiple account holders are required to authorize a withdrawal of funds, then all must sign this authorization form.

Printed Name	Signature	Date
Printed Name of Joint Account Holder (if applicable)	Signature of Joint Account Holder (if applicable)	Date

# Instructions for Completing Form 3798, Electronic Fund Transfer (EFT) Authorization

**Carefully read and complete the entire authorization form.**

**Line 1.** Check the type of authorization (NEW, CHANGE OR CANCEL). See explanation next to the check box on page 1.

**Line 2.** Enter name – print or type complete name, include first, last and middle initial.

**Line 3a.** Enter your Treasury account number. The account number can be found in the upper right hand corner of your notice.

**Line 3b.** Enter your Social Security number.

**Lines 4 – 6.** Enter your complete address and phone number including area code.

**Line 7.** Enter the name of your bank/financial institution.

**Lines 8 and 9.** Contact your bank to obtain or confirm your bank account number and routing number for electronic fund transfer purposes. Enter this information in sections 8 and 9.

**Line 10a.** Select the appropriate account type to ensure an accurate debit.

**Line 10b.** Select the appropriate account ownership to ensure an accurate debit.

**Line 11. CHECK ONLY ONE BOX.** One-time payment means this transaction will debit the amount indicated only one-time. Continuous monthly payments means the account will be debited on the same day each month as indicated on the form until the balance is paid in full or upon cancellation at the customers request.

**Line 12a.** Enter one-time payment amount here.

**Line 12b.** Enter one-time payment date here. The date must be a minimum of 16 days prior to the payment due date.

**Line 13a.** Enter monthly payment amount here for continuous payments. **If the payment is in conjunction with a request for a formal installment agreement then the payment must also comply with those guidelines.**

**Line 13b.** Enter monthly payment date here. The date must be a minimum of 16 days prior to the payment due date.

**Line 14.** Read this section completely. Signature(s) of the account holder(s) are required for processing the request. If multiple account holders are required to authorize a withdrawal of funds, then all must sign this authorization form.

**IMPORTANT:** THE FUNDS MUST BE AVAILABLE ON THE DUE DATE TO AVOID NON-SUFFICIENT FUND FEES. WHEN SUBMITTING FORM BY FAX OR MAIL, ALLOW 10-14 DAYS FOR PROCESSING.

**DRIVER RESPONSIBILITY FEE PAYMENTS:** YOUR EFT FORM MUST BE RECEIVED WITHIN 30 DAYS OF THE DATE SHOWN ON YOUR SECOND DRIVER RESPONSIBILITY FEE NOTICE. FAILURE TO PAY OR MAKE ARRANGEMENTS BY THE DEADLINE REFERENCED IN YOUR SECOND NOTICE WILL RESULT IN SUSPENSION OF YOUR DRIVING PRIVILEGES. YOUR EFT FORM MUST BE COMPLETED ACCURATELY OTHERWISE WE CANNOT GUARANTEE THAT YOUR DRIVER'S LICENSE WILL NOT BE SUSPENDED.